



STATE AND REGIONAL GUIDE TO REVIEW PREPARATION AND FOLLOW UP

Jackson v. Ft. Stanton

Welcome!

As you know, the coordination of the Community Practice Review is a complex process. All of the Regional DDSD staff have done an outstanding job of ensuring that past Reviews went smoothly, including the planning, coordinating, scheduling, problem solving, copying, etc. This guide purpose is to summarize the tasks and timelines that collectively need to happen in order for the 2011 Review to be completed accurately and timely. This review guide will identify who carries the primary responsibility for a given task by indicating “Region” and/or “CPR Team” in parenthesis at the end of sentences. If no designation is provided, it is assumed to be the responsibility of the region.

As in the past, additions to this Guide are identified with RED font color.

Community Monitor’s Contact Information:

Lyn Rucker

rpaltd@aol.com

Office: 785-258-2214 (If she’s not in, please leave your information with David or Paula.)

60 days prior to the Review

- Notice to Providers:** The DDSD sends out a letter to all providers, including therapists, serving Jackson Class Members announcing the Review schedule and general requirements. (Region)

At least 45 days prior to the Review

- Identify Regional Leads and Responsibilities**
 - Designate an overall Regional Review lead in each region. That name and contact information should be sent to the Community Monitor and Donna Storey, Community Practice Review Manager. (Region)
 - Designate responsibility for developing reviewer schedules. (Region with CPR Team)
 - Designate responsibility for gathering, copying and sending files. (Region with CPR Team)
 - Designate responsibility for reviewing files for completeness. (Region with CPR Team)
 - Reviewing files for completeness once submitted.
 - Designate “on call” responsibility during the review weeks. This person would be available to assist if programmatic issues/clarification arise during the review. (Region)
- Reserve meeting room for the Friday** of the on-site review week for the “status update” summary that takes place with DDSD staff. (Region)
 - This room should comfortably accommodate reviewers, case judges, regional office staff (including staff who will follow up on issues for specific class members), some DDSD and DHI Central Office staff (2-4) and the Community Monitor.

- The room should also have a speaker phone with long distance calling capacity for off-site participants

□ **Preparation for Sample Selection:** The Community Monitor received a consolidated list of Jackson Class Members from DDS in 2003. As might be expected, the location and circumstances of class members change, so the Community Monitor greatly appreciates your assistance in being sure that her class member list is accurate and current. In order to ensure that the class members you serve match the Community Monitor's list, reconciliation of the lists is essential. In order to ensure an accurate list from which to select a sample, please complete the following: (CPR Team with Region for this and following)

- Update your Jackson Class Member list so that it is current. Be sure it is in an Excel format.
- Leave all individuals on the list, if a class member has passed away, note that. If a class member has moved to a different region, note to which region the person moved.
- Be sure to list the first and last name of the class member;
- List the Social Security number of each class member;
- List the current Case Management Agency and the name of the case manager serving each class member;
- List the current day service provider(s) (including the type of day service receiving, e.g., Supported Employment, Community Access, Adult Habilitation, in home, etc.);
- List the current residential service provider; (including the type of residential service provided, e.g., Family Living Services, Independent Living Services, supported living, etc.)
- **Include the address where the class member lives.**
- List the city in which the class member lives. If the class member lives in one town but receives day services in another, please provide that information.

- Please be sure that CURRENT service providers are listed. The sample is stratified, in part, by who is served by which provider so an accurate and up to date list is critical.
- Send this updated list of class members served by your region to the Community Monitor electronically, in Excel format, via e-mail. Her e-mail address is rpaltd@aol.com. She will acknowledge the receipt of this list. If you do not get an acknowledgement, please call her (785-258-2214). E-mail is not always reliable.

The Community Monitor needs to receive this list **at least 60 days in advance** of your Review so she can choose the sample and return the sample to you at least **45 days** in advance of your review.

- Reconcile Jackson Class Member list with the Community Monitor. If there are any questions regarding the Class Member list, the Community Monitor will call the Regional Program Manager and/or the Regional Lead so that differences can be reconciled.

30 days prior to the Early Bird Review

□ **Sample Selection:** Once the Community Monitor has reconciled the information on the Class Member list with you, she will select the sample for your region. The list of class members to be reviewed for your region will be sent to you at least **45 days** in advance of your Review.

At least one "alternate" will be selected in case there is some unforeseen obstacle that prevents someone in the sample from being reviewed.

Note: Only the Community Monitor can substitute an “alternate” for someone listed in the sample so if there are reasons you’d like to change to an alternate call the Community Monitor to review the issue and request the change. If the change is agreed to, the Community Monitor will submit the change to the appropriate Regional Program Manager in writing.

The projected sample numbers for each region are listed below:

Southwest	17
Metro	50
Northwest	10
Northeast	15
Southeast	16
Total	108

- You will need to know and provide the following information regarding each person chosen in the sample. This information will be helpful when assigning reviewers and case judges. (CPR Team)
 - If a class member/guardian cannot speak English or prefers to speak a language other than English, we need to know what language they prefer, or if they prefer to use sign language, so that the appropriate reviewer or interpreter can be assigned.
 - Sample members who are on the Aspiration list;
 - Sample members who have contractures, positioning challenges, are in wheelchairs, etc.;
 - Which people have acute or chronic health care issues and what the nature of these issues are;
 - Which people have mental health and/or behavioral issues and the nature of these issues;
 - Identify who each person’s designated Health Care Coordinator is.
 - Individuals who are significantly visually, hearing or visual and hearing impaired.
 - Individuals who have issues (and the detail of those issues) which required the attention of the Regional Office during the past 12 months, e.g., hospitalizations, ER visits, Regional Office Intervention requests, CAIR Reports, incident reports, etc.
 - We will also ask for information regarding these issues and copies of documentation which provides information on the issue and follow up which has occurred.
 - Please provide the Community Monitor with the name and phone number of the SLP, OT, PT, BSC, if there is one, working with each person.

Assignment of Reviewers (DOH CPR Manager) and Case Judges (Community Monitor)

- Donna Storey, based on the needs of the class members, will assign reviewers. (CPR Team)
- Once the Reviewers have been assigned, the appropriate Regional Program Manager and the Community Monitor may discuss each person in the sample. Based on the needs of the class members, the Community Monitor will assign Case Judges. (Community Monitor)
- Once the assignments have been made, the Community Monitor will send a list to the Regional Program Manager, DDS Regional Office Director/his/her designee, reviewers, and case judges confirming and documenting the assignments.
 - Assignments of reviewers will take into consideration where the reviewer lives in order to make access as easy as possible.
 - Reviewers are not to review in their “home” region. The only person who can make an exception to this requirement is the Community Monitor.

Scheduling of Reviews (Region with CPR Team)

- Regional Office staff will begin to arrange interviews and set schedules for the reviewers. Reviews are scheduled to take place over a two-week period. The schedule, by region, follows: (Region with CPR Team)

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August	3-4	Training – Albuquerque
August	8-12; 15-19	Metro #1 Early Bird
August	15-19; 22-26	Metro #1 On-Site Review
September	12-16; 19-23	Southwest Early Bird
September	19-23; 26-30	Southwest On-Site Review
October	17-21; 24-28	Northeast Early Bird
October	24-28; 31- Nov. 4	Northeast On-Site Review
November	28- Dec. 2	Northwest File Review
December	5-9	Northwest On-Site
January	16-20; 23-27	Southeast Early Bird
January	23-27; 30 – Feb. 3	Southeast On-Site
February	20-24; 27 – March 2	Metro #2 Early Bird
February	27 – March 2; March 5-9	Metro #2 On-Site

- Reviewers and whoever schedules for your region will need to be in contact with each other to be sure the schedules work.
- For every class member in the review, the region will need to schedule the reviewer for:

First week to be scheduled for Wed , Thurs, (Fri as a backup):

- A telephone interview with the case manager. PLEASE INFORM CASE MANAGEMENT AGENCIES THAT THE INTERVIEW MUST TAKE PLACE WITH THE CASE MANAGER FOR THE CLASS MEMBER. This interview should be scheduled for approximately an hour and a half. If the case manager is new (30 days or less) the supervisor may sit in but questions will be directed to the case manager. The supervisor may NOT answer questions for the case manager, however, the supervisor may offer additional information AFTER the case manager has answered the question asked. Allow an hour for this interview.
- A telephone interview with Agency Nurse to be scheduled for approximately 1 hour
- A telephone interview with the Guardian to be scheduled for approximately 30 min
- If the class member lives with the guardian and/or the guardian is also the Family Living Services Provider this interview or the residential interview MUST take place in the home of the class member and a telephone interview does not need to be scheduled.
- Be sure to allow sometime between interviews; these telephone interviews for the individual should be scheduled on the same day unless there is a unforeseen conflict.

- Each reviewer should have contact phone numbers and email addresses where they can contact the therapists. Therapists should be informed of the review week and they could be contacted by the reviewer during this week to clarify or get additional information.

Second Week:

- An interview with the class member (Tues, Thurs for EB week, Mon, Wed for On Site week). The reviewer needs to observe the class member in BOTH the day and residential service setting while the class member is present. If the class member receives a combination of day services it is preferable to observe them both. If the class member works, and it is acceptable to the class member and to his/her employer for a visit, please schedule an observation at the work site. If it is not acceptable to the class member and/or his/her employer the reviewer should not visit the work site. There is no exception to observing the residential site.
- If there are two day services (employment and community membership, for example) the Region should schedule interviews with both direct support day staff. If that is the case, the reviewer should fill out two separate day interview sections and indicate who was interviewed.
- **If the class member lives with the guardian and/or the guardian is also the Family Living Services Provider this interview or the residential interview MUST take place in the home of the class member and a telephone interview does not need to be scheduled.**
- An interview with the direct care staff person who works most closely with the class member when the class member is home. PLEASE INFORM PROVIDERS THAT THE INTERVIEW MUST TAKE PLACE WITH THE DIRECT CARE STAFF. If the direct care staff is new (30 days or less) the supervisor may sit in but questions will be directed to the direct care staff. The supervisor may NOT answer questions for the direct care staff, however, they may offer additional information AFTER the direct care staff person has answered the questions asked.

20 to 30 days prior to the Review

- **Notification regarding status summary meeting:** The Friday of the on-site review week, during the time when the reviewers summarize their findings and recommendations with the Community Monitor, representatives from the Regional Office staff and DDS and DHI Central Office staff are invited to attend. **(Regional Office)**
 - The Regional Office staff assigned to follow up on specific class members in the Review sample should receive a special invitation to come to this meeting so their questions can be answered timely. **(Region determines lead)**
 - Those attending should know that the Friday status review will go as late as needed to summarize all class members reviewed. We will try to have reviewers/case judges who have to travel home the greatest distances summarize first.
 - The Friday status summary will begin promptly at 8:30 a.m. (unless otherwise agreed) in an effort to complete all of the summations by 5:00 p.m.
 - Since the Regional Office will have typed copies of the DRAFT Individual Findings and Recommendations, we will review these documents together. Reviewers will be prepared to clarify what they found and answer questions.
 - DRAFT individual written findings and recommendations will be available for review by Regional Office staff as early as possible during the review week. Ideally, except for the

last individuals reviewed, some of the individual findings will be available for review by DDSD staff as early as Tuesday of the on site review week. For those reviewed later in the week, their findings and recommendations may not be available until late Thursday evening or very early Friday morning.

- Once the status summary is complete and any corrections to the findings and recommendations are made **and sent to the region**, those findings should be immediately forwarded to each team. The team should meet to discuss and/or take action on the findings and recommendations ASAP. Their progress should be reported at the team meetings with the Community Monitor that are held within three weeks following the on site review. **(Region)**
 - If a Team has a better recommendation for resolving a particular finding, they should provide that proposed alternative recommendation in writing to the Community Monitor before, if possible, or at the team meeting with the Community Monitor. **(Region)**
- The 30-60-90 day timelines for follow up on recommendations will begin ten days following the on-site Review, unless the Community Monitor sets an alternative timeline for identified individuals based on one or more of the following issues. **(Region)**
- If the Department has additional information that contradicts or suggests a change to a recommendation which was not considered by the Community Monitor regarding an individual class member, such information will be provided to the Community Monitor by the Department no later than ten working days following the receipt of an individual's draft findings and recommendations. The Community Monitor shall determine whether any of the findings or recommendations should be modified based on such additional information. Modifications, if any, will be made by the Community Monitor and provided to DOH and the appropriate regional office for distribution to the Interdisciplinary Team. **(Region)**
 - If the individual, his/her Guardian or Team has information that contradicts or suggests a change to a recommendation, that information should be provided by the Team, along with substantiating documentation, to the Community Monitor before or during her meeting with representatives of the class member's team. The Community Monitor shall determine whether any of the findings or recommendations should be modified based on such additional information. Modifications, if any, will be made by the Community Monitor and provided to DOH and the appropriate regional office for distribution to the Team. **(Region)**
 - The Community Monitor will issue final individual findings and recommendations no later than 10 days following the Team meetings.

□ **Acquiring documents to be reviewed** **(Region)**

The following matrix identifies WHERE identified documents can be found. These documents are being requested in advance and should be included in the reviewer's packet. The location of the document is a guide to the Region in terms of who is now responsible for having a copy of the identified document.

✓when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Residential File
	1.	Long Term Care Assessment Abstract (LOC—MAD 378)	X		
	2.	Waiver Review form (MAD 046)— Budget(s)	X		
	3.	Copy of Individual's birth certificate	X		
	4.	Copy of Individual's Social Security card	X		
	5.	Last 2 ISPs (most current Annual and previous year's ISP). Please verify completeness (we need the entire document for both) and that we have the most current one.	X		
	6.	Outcomes, Strategies and Action Plans (to be included with both ISPs noted above)	X		
	7.	Personal Definition of a Meaningful Day (should be in ISP)	X		
	8.	Teaching and Support Strategies (to be included with both of the ISPs noted above)	X	X	X
	9.	ISP Signature Page (to be included with both ISPs noted above)	X		
	10.	Individual Specific Training Requirements (part of the ISP; to be included with both ISPs noted above)	X		
	11.	ISP Assessment Checklist (to be included with both ISPs noted above)	X		
	12.	Pre-ISP Direct Care Staff questionnaire forms (optional if agencies choose to use)	X		
	13.	IDT Meeting Minutes for the past year	X		

✓when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Residential File
	14.	Individual Transition Plan for any change in service and/or provider in the past year	X		
	15.	Progress notes/Data Collection/Data Tracking (i.e. outcomes/objectives/ action steps) for the past three months.		X	X
	16.	Provider Quarterly Reports for past year (Day AND Residential)		X	X
	17.	Provider Annual Assessment (Day AND Residential)		X	X
	18.	Supported Employment Vocational Assessment Profile as applicable (may be within ISP Narrative & Action Plan)	X		
	19.	Career Development Plan (may be contained within the Work/Learn Action Plan of the ISP rather than a separate document)	X		
	20.	Supported Employment Quarterly Progress Reports for the past year		X	
	21.	Signed Primary Freedom of Choice	X		
	22.	Signed Secondary Freedom of Choice	X		
	23.	Case Manager's Contact Notes from the past year	X		
	24.	Case Manager's Monthly Face-to-Face Site Visit forms from the past year	X		
	25.	Case Manager's correspondence, <u>including emails</u> , from the past year	X		
	26.	Guardianship/Power of Attorney Paperwork (type of guardianship, expiration date, etc.)	X		

✓when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Residential File
	27.	Aspiration Risk Screen Tool	TBD	TBD	TBT
	28.	CARMP documentation (To include but not limited to: MTP, HCP, PT Positioning, SLP information, Oral Care, nutrition information)	X		
	29.	Client Individual Assessment (CIA)	X		
	30.	Psychological Evaluation	X		
	31.	Positive Behavior Supports Annual Assessment	X		
	32.	Positive Behavior Supports Plan	X		
	33.	Behavior Crisis Plan (must have if physical restraint is being used)	X		
	34.	Behavior Support Consultant Quarterly Progress Report	X		
	35.	Human Rights Committee Minutes			X
	36.	Speech Therapy Annual Assessment	X		
	37.	Speech Therapy Annual Treatment Plan, Communication Dictionary	X		
	38.	Speech Therapy Semi-Annual Progress Report	X		
	39.	Occupational Therapy Annual Assessment	X		
	40.	OT Annual Treatment Plan	X		
	41.	OT Semi-Annual Progress Report	X		
	42.	Physical Therapy Annual Assessment	X		
	43.	PT Annual Treatment Plan	X		
	44.	PT Semi-Annual Progress Report	X		

✓when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Residential File
	45.	Other relevant Specialists assessments, progress reports and plans (i.e. SAFE, TEASC, Sleep Study)	X	Plans	Plans
	46.	Therapy Closing Reports	X		
	47.	Psychiatric Evaluation	X		
	48.	Psychiatric Visit Reports			X
	49.	Annual History and Physical	X		
	50.	Doctor's orders and correspondence			X
	51.	Auditory/Hearing Exam (most recent)			X
	52.	Dental Exams from the past year			X
	53.	Vision Exam (most recent)			X
	54.	All medical information and documents from the past year (including evidence of the RESULTS of all appointment & urgent care visits)	X		X
	55.	Quarterly Nursing Reports (on individuals with a score of a 4, 5 or 6 on the HAT) from the past year. How will this translate to the e-CHAT?	X		
	56.	MAR (Medication Administration Record)--most recent completed and signed		X	X
	57.	Health Assessment Tool (HAT) or Electronic Comprehensive Health Assessment (e-CHAT)	X		
	58.	Medication Administration Assessment Tool (MAAT) or Therap equivalent			X
	59.	Nutritional Evaluations/Reports/Plans from the past year	X		X

✓when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Residential File
	60.	Lab Work results from the past year			X
	61.	Neurological Evaluation-- most current	X		
	62.	Seizure Tracking form the past year		X	X
	63.	Weight tracking from the past year			X
	64.	TD Screening/AIMS or other TD screening instruments from the past year			X
	65.	Information regarding a living will, advance directives and DNR orders	X		X
	66.	Current written consent from individual/guardian/surrogate health decision maker for assistance with medication delivery by staff			X
	67.	Current written consent from the individual's physician for assistance with medication delivery by staff			X
	68.	Medical Emergency Response Plans (MERP) for Chronic Conditions with potential to exacerbate into a life threatening condition (Quarterly Review indicated in Nurse Quarterly report or initial & date on MERP)	X	X	X
	69.	Current Healthcare Plans	X	X	X
	70.	Agency internal incident reports completed on the person which have occurred during the past 13 months and Follow up Determinations		X	X
	71.	DOH-DHI Incident Reports completed on the person which have occurred during the past 13 months and Follow up Determinations.	X	X	X

✓when provided or note if Not Applicable (N/A)	#	Document to be Provided	CM Agency Ind. Case File	Day Program File	Residential File
	72.	Post hospitalization documents/information including dates, cause per incident and discharge summaries per incident for the past year	X		X
	73.	ER visit documents/information including dates, cause per incident and discharge summaries per incident for the past year	X	X	X
	74.	Completed Decision Justification Forms/DDSD Health Decision Consultation Form	X		
	75.	Agency Grievance Procedure for consumer &/or guardian		X	X
	76.	Regional Office Request for Intervention (RORI) forms and follow up information filed for the individual in the past year	X	X	X
	77.	Follow up to most recent Community Practice Review indicating what was done on each finding	X		

7 days before the Review begins: CPR Team

Collection & Distribution of review documents

- The entire file should be scanned/copied and is to be available to the reviewers prior to the first week of the review. For example, if Early Bird is October 17, the required documents should be to the reviewer by October 10. (CPR Team) Documents will be placed in the departments J drive, reviewed and available to the reviewer.
- ELECTRONIC PROTOCOLS SHOULD BE AVAILABLE TO EACH REVIEWER' FOR THEIR CASE FILE.**

Reviewers will be forwarded Electronic Protocol Documents on the Friday before their review begins.

(CPR Team)

- Documents to be provided for others: Other individuals are to receive information, too.
 - Complete file packets for Case Judges are electronically scanned and placed on disk and the secured drive (file Zilla). The files are reviewed for accuracy and mailed overnight to the case judges. (CPR team/Region)
 - Ruby Moore needs to receive **as early as possible:** (CPR Team)
 - Current Vocational Profile (or whatever profile the person has);
 - Career Development Plan, if the person has one;
 - Copies of the last two annual ISPs.
 - DDS should send her the last quarter of data from the Supported Employment database.
 - The name and phone number of the hotel where each reviewer is staying, and their cell phone number or a way to reach them during the days of the on-site review.

The Friday prior to the review start date

- Reviewer schedules to Community Monitor:** If not provided already, the Community Monitor and the DOH CPR Manager should receive (electronically) a copy of each Reviewer's schedule. (Region)

During the Review week

- Access and Logistics:**
 - The Community Monitor should have contact information for the person(s) who are to be called if technical or programmatic questions or problems arise during the review. (CPR Team)
 - If reviewers have personal health and/or safety concerns they will notify the DOH CPR Manager immediately so that action needed to resolve the issues can be taken as quickly as possible. The DOH CPR Manager will notify the Community Monitor and Regional Staff Manager of all such concerns. (DOH CPR Manager)
 - If Case Managers/Providers believe they have information that was requested but not produced, the Case Manager/Provider has 24 hours from the time they are asked to produce the missing materials to provide the information. If they produce the missing information within the 24-hour timeline it will be reviewed and considered as a part of the review. Material provided after the 24-hour timeline will be accepted but not considered when scoring the findings. Please see Document Matrix beginning on page 7 for party responsible for particular documents. (N/A)

Status Summary – Friday of the on-site Review week: Region

- 8:30 a.m. Status Summary Starts.**
- Thank you for arranging a room that will accommodate the regional office staff, reviewers, case judges and others who may attend. (Region)
- Please bring copies of all the draft individual findings and recommendations so they can be handed out in the order they are to be reviewed. (Region)

- If you have received copies of individual findings and recommendations earlier in the week, please be sure the person who is designated as the follow up lead for that class member receives a copy as early as possible. (Region)
- If there are questions regarding individual summaries, these should be sent to the Community Monitor so as many as possible can be resolved in advance of **or during** the Status Summary. (Region)
- For findings and recommendations that are not available until late Thursday evening, questions will have to be addressed during the Status Summary meeting.
- The Regional Lead should be available early Friday morning to copy individual findings and recommendations that have not been provided by the Regional Office by 5:00 p.m. Thursday evening.

Following the Review

- Follow-up on Recommendations:** A *draft* of the person-specific findings and recommendations are provided the Friday of the on-site review. These are NOT for public dissemination. After discussions during the Status Summary modifications to the individual findings and recommendations may be made by the Community Monitor. Final versions will be distributed the week following the on-site review.
- As soon as the individual findings and recommendations are received and reviewed by the Regional Office, these findings should be distributed to Case Managers, providers, and all applicable Team members. The follow up timeline is expected to begin no later than 10 days after the Friday of the on-site review so providers must have the individual findings by that time.
 - The team should meet to discuss and/or take action on the findings and recommendations ASAP. Their progress should be reported at the team meetings with the Community Monitor that are held within a month of each review. If a Team has a better recommendation for resolving a particular finding, they should provide that proposal in writing to the Community Monitor.
 - The timelines for completion of recommendations (30-60-90) begins ten days following the Friday of the on-site review. Follow up for people with Immediate or Special Needs will begin **immediately**.
 - Meetings are scheduled to review findings and recommendations. These meetings are scheduled ASAP by the case manager, and include each individual's:
 - Day/home provider agency;
 - RO staff as appropriate;
 - 30-60-90 day follow-ups on recommendations are carried out and progress is reported regularly until completed.
- Follow-up meetings with individual teams.** The Regional Staff Manager, the DOH CPR Manager, and the Community Monitor will set a time to meet with the class member and his/her team. This meeting usually takes place within 30 days of the review. The purpose is to provide an opportunity to receive updated information regarding the action which the team has taken since the review, clarify remaining questions and exchange information.
 - Each meeting should be scheduled for approximately 45 minutes.